MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/ 587 883	7-27-06
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT				AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2				1			52							
3							53							
4							54							
5		4					55							
6		①					56							
7		①					57							
8		①					58							
9		②					59							
10		①					60							
11		①					61							
12		①					62							
13		①					63							
14		①					64							
15		①					65							
16		①					66							
17		①					67							
18	1		1				68							
19	1		1				69							
20		⑧					70							
21		⑦					71							
22		1		1			72							
23							73							
24							74							
25							75							
26	1						76							
27							77							
28		①					78							
29		⑧					79							
30	1		1				80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	7	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	26	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS			33				TOTAL CLAIMS							